INDONESIA

Targets and Indicators for Active Ageing
Policy and Action

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3rd ASEAN-Japan Active Aging Regional Conference
ADB Headquarter, Manila, Philippines, 27 June 2018
AGEING IN INDONESIA

<table>
<thead>
<tr>
<th>YEAR</th>
<th>OLDER PERSONS POPULATION</th>
<th>OLDER PERSON PROPORTION</th>
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</thead>
<tbody>
<tr>
<td>1980</td>
<td>7,998,543</td>
<td>5.45 %</td>
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<tr>
<td>1990</td>
<td>11,277,557</td>
<td>6.29 %</td>
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<tr>
<td>2000</td>
<td>14,439,967</td>
<td>7.18 %</td>
</tr>
<tr>
<td>2015</td>
<td>21,664,964</td>
<td>8.49 %</td>
</tr>
<tr>
<td>2020</td>
<td>28,822,879</td>
<td>11.34 %</td>
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Total Population in 2015: 255,182,144

Source: Central Bureau of Statistics, 2015

Indonesia Life Expectancy in 2008-2015 and the projection in 2030-2050

Source: Indonesia Population Projection 2010-2035
Based on the projection of the 2010-2035 dependency ratio, demographic bonus starts in 2012 and the lowest dependency ratio occurs in 2028-2031, with the lowest dependency ratio of 46.9.

Source: Tri Budi W. Rahardjo, Tempo Juni 2017
Possible Implications of Aging Population in Indonesia

- Greater demand for old age income support schemes
- Increased demand for medical care and services for the elderly population
- Increasing number of people who suffer from various degenerative diseases
- Increased demand for third-party institutions for care.

### Illness in Elderly According to the Area, 2011-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Perkotaan</th>
<th>Perdesaan</th>
<th>Perkotaan+Perdesaan</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>28.6</td>
<td>27.24</td>
<td>26.91</td>
</tr>
<tr>
<td>2013</td>
<td>26.59</td>
<td>26.83</td>
<td>26.74</td>
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<tr>
<td>2014</td>
<td>24.8</td>
<td>25.05</td>
<td>24.92</td>
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### Socio-Economic Condition of Elderly (2015)

- **Neglected**
  - Women: 9.03
  - Men: 10.13
  - W+M: 9.55
- **Prone to be neglected**
  - Women: 23.61
  - Men: 23.42
  - W+M: 23.52
- **Well-condition**
  - Women: 67.37
  - Men: 66.46
  - W+M: 66.94

The proportion of people 15-59 years old and the elderly people (60+) by the Type of Activities, 2014

Source: Central Bureau of Statistics, Sakernas 2014

With whom the elderly lives? Is there any potential care givers in family?
Policy Direction on Ageing and Social Protection (Medium-Term Development Plan (2015-2019))

Increase the fulfillment of basic rights and inclusiveness of persons with disabilities, elderly, and marginalized groups in every aspect of livelihood

- Improve advocation of regulation and policy at the national and sub-national level
- Develop social counseling to educate and raise community awareness on inclusive environment

Develop Social Protection Schemes for Elderly

- Enhance social assistance and social security for elderly by: (1) expanding the coverage of social assistance, (2) developing pension schemes including for informal working population
- Expanding coverage and improving the inclusiveness of public services for elderly
- Develop community-based social services for elderly
- Increase availability, quality, and competency of care providers for elderly
- Improve the quality of life of elderly by expanding the utilization of digital information technology to reduce sociological exclusion

Social Protection for Elderly

Financial Protection
- Pension: Contribution-based (formal and informal) and Old-age Saving

Non-Financial Protection
- Health
- Long-term Care: Contribution-based and social

Active Aging
- Empowerment
- Inclusiveness

Have been implementing via National Social Security System
Have been implementing with limited coverage by MOSA
Unimplemented-yet
The trend of degenerative diseases is increasing along with the increasing number of elderly.

High cost for the treatment of degenerative diseases.

**PROBLEMS**

- Availability of Health care facilities that can provide standardized Elderly Health Care
- Improve the awareness and quality of public services to the better quality and access for elderly health and welfare
- Elderly population are in the healthy, active and productive conditions, in the context of family health

**EXPECTED CONDITIONS**

- Elderly Friendly Health Care Facilities not yet available sufficiently
- Lack of knowledge and public attention to the Elderly health
- Common’s assumptions that elderly is merely related with weakness and sickness

**CURRENT SITUATIONS**

1. Increase Life Expectancy → Elderly Population increase

**PRECONDITIONS**

- Increase Life Expectancy
- Elderly Population increase

**STRATEGIC TARGETS**

Increasing the access and quality of elderly Health Care in Primary Health Facilities and Referral Health Facilities, and also elderly & Family empowerment

**GLOBAL COMMITMENTS**

NATIONAL COMMITMENTS ON AGING AND HEALTH

**LOGICAL FRAMEWORK**

**SUPPORTING FACTORS**

**OBSTACLES**

**GAP**

1. Availability of Health care facilities that can provide standardized Elderly Health Care
2. Improve the awareness and quality of public services to the better quality and access for elderly health and welfare
3. Elderly population are in the healthy, active and productive conditions, in the context of family health
**National Commitments**

**LAW**
- Law No. 39/1999: Human Rights
- Law No. 36/2009: Health

**GOVERNMENT REGULATION & PRESIDENTIAL DECREE**
- Pres Decree No. 52/2004: National Commission for Older Persons

**Ministerial Regulation**
- Min. of Interior Reg No.60/2008: Guidance of Regional Commission for Older Persons Establishment
- MoH Reg. No. 79/2014: Geriatric Health Care in Hospital
- MoH Reg. No.67/2015: Implementation of Eldelry Health Care in PHC

STRATEGY

1. Strengthening the legal basis for the implementation of elderly health services.
2. Increase the number and quality of first-rate health facilities and advanced referral health facilities that perform aged health care services.
3. Establish and develop partnerships and networks on the implementation of elderly health services involving LP, LS, professional organizations, educational institutions, research institutions, NGOs, business, media and other stakeholders.
4. Increasing availability of data and information in the health sector
5. Increasing participation and empowerment of family, community, and elderly
6. Increasing the role of the elderly in improving the health of families and communities
**National Initiatives and Policy Development**

- **Expand partnership in addressing the issue of aging population**
- **Dynamic and easily adaptable aging policies**
- **More recruitment and capacity building for care providers**
- **Development of national social security system**
- **Incentives to induce more citizens to purchase private health insurance**

- Enhance regulatory and institutional frameworks by integrating the concepts on ageing into National Development Agenda, National Action Plan on Human Rights, National Strategy on Ageing, improve function of National Commission for Elderly, and establish cross-cutting working group on ageing
- Develop database and registration for elderly
- Continue the implementation of social assistance as a social safety nets program
- Improve human resources for social services and care, including professional workers (doctor, nurse, occupationalist, nutritionist, and social workers) and non-professional workers (nurse assistance, paid care giver, and family care giver)
- Enhance the community-based care system such as Community Health Center (Puskesmas) and Integrated Service Center for Elderly (Posyandu Lansia)
- Development of Integrated System of Referral and Services (SLRT) at the district level
- Develop the inclusive elderly-friendly cities
- Develop The Elderly Health services in Primary Health Service through Elderly Friendly PHC.
- Increase Health Referral Centers For Elderly through the development of Integrated Geriatric Services In Hospital.
- Increase community empowerment through Integrated Health Post for Elderly (Elderly Groups / Posyandu Lansia)
- Develop the elderly empowerment by increasing the family and community health status.
- Increase Home Care Services that are integrated in public health
- Develop of Long Term Care services
- Increase the health services with other program through life cycle approach.
- Increase partnership with other sector (inter sectoral approach), NGO profession, education, and research institution.
On social Welfare and Health

- poverty among the elderly
- inadequate health and care services
- Long-term care financial system
- Unformulated schemes for contributory and social pensions
- inadequate of welfare provisions
- Deficit number of human resources providing quality services for family
- difficulty accessing charities that offer assistance to people in need
- small share of the elderly population that presently covered by any sort of formal pension
- Limited Number of elderly kit
- Un-integrated implementation of policies and program
- Low commitment from several sectors
- Reduced amount of support that will received from family in old age
INDICATORS OF ELDERLY HEALTH AND SOCIAL PROTECTION PROGRAMS IN 2015 - 2019

- Number of Elderly Having Social Welfare Services (institutional-based, non-institutional based, and social assistances)
- Number of Developed and Accredited Social Welfare Institutions for Elderly
- Number of Human Resources receiving technical assistances on elderly social welfare services
- Percentage of Elderly Friendly Primary Health Centre
- Percentage of PHC with integrated elderly health post active (posyandu lansia/posbindu aktif di tiap desa)
- Referral hospital with integrated geriatric services
- Percentage of Elderly are threatened with health services
GLOBAL STRATEGY AND ACTION PLAN ON AGEING AND HEALTH (2016-2020)

1. Commit to action
2. Align health systems to the needs of older populations
3. Develop **age-friendly** environments
4. Strengthen **long-term care**
5. Improve measurement, monitoring, and research

The vision of the Strategy:
A world in which everyone can live a long and healthy life

<table>
<thead>
<tr>
<th>Key actions include:</th>
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| 1. Establishing national frameworks towards *Healthy Ageing*
2. Strengthening national capacities to formulate evidence-based policy
3. Combating ageism |

<table>
<thead>
<tr>
<th>Key actions include:</th>
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| 1. Orienting health systems around intrinsic capacity and functional ability
2. Developing and ensuring affordable access to quality older person-centred and integrated clinical care
3. Ensuring a sustainable and appropriately trained, deployed, and managed health workforce |

<table>
<thead>
<tr>
<th>Key actions include:</th>
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| 1. Fostering older people’s autonomy
2. Enabling older people’s engagement
3. Promoting multisectoral action |

<table>
<thead>
<tr>
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| 1. Establishing and continually improving a sustainable and equitable long-term-care system
2. Building the long-term care workforce and supporting informal caregivers
3. Ensuring the quality of person-centred and integrated long-term care |

<table>
<thead>
<tr>
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</table>
| 1. Agreeing on ways to measure, analyse, describe, and monitor *Healthy Ageing*
2. Strengthening research capacities and incentives for innovation
3. Building and synthesizing evidence on *Healthy Ageing* |
REGIONAL STRATEGY FOR HEALTHY AGEING 2013 -2018

1. Developing a country-driven, outcome-oriented, integrated multisectoral policy and plan of action for healthy ageing.

2. Adapting the health systems to the challenges of the ageing population and to meet their health needs;

3. Making provisions for long-term care of the elderly population;

4. Developing appropriate human resources necessary for meeting the health needs of older persons

5. Adopting a life-course approach to promote healthy ageing;

6. Using a multisectoral approach and partnerships.

BRUNEI DARUSSALAM DECLARATION ON STRENGTHENING FAMILY INSTITUTION: CARING FOR THE ELDERLY

1. Develop social support system and encourage the development of education programme to enhance the ability of families to take care of the elderly;

2. Provide appropriate care and support, including community volunteer approach and other forms of alternative family and community care arrangements, to the elderly;

3. Promote the quality of life of the elderly by creating conditions that enhance their self reliance and ability to remain economically active;

4. Provide life-long opportunities for individual development, self-fulfilment and wellbeing through, for example, access to welfare and social services, resources, skills training, lifelong learning and participation in the community

5. Achieve secure, active and healthy ageing by reducing the incidence of poverty among the elderly;

6. Promote quality health care, support and social protection for the elderly, including preventive and rehabilitative health care;

7. Support capacity building of primary health providers, social workers, caregivers, and volunteers in delivering care of the elderly;

8. Promote the awareness and ability of the younger generation to live a healthy lifestyle, nurture a life course approach to growing older and respond to the issues relating to ageing;

9. Facilitate the conduct and exchange of researches and studies in gerontology and geriatrics; and

10. Strengthen inter-sectoral collaboration with the relevant ASEAN bodies and promote closer partnerships with the civil society, private sector, older persons’ associations and the elderly themselves, to promote the well-being of the elderly.
Regional Target and Indicators to Aging Policies

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<tr>
<th>Priority Targets</th>
<th>Priority Indicators</th>
<th>National Recommendation and Relevant Statistical Indicators</th>
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The proposed Indicators shall include the elements of Family and community-based care, such as:

- Gender and ageing
- Resource mobilization and self-help
- Right and entitlement
- Governance and development
- Income security
- Disaster-Risk Reduction
- Homecare
- Health care and insurance
- Healthy and active aging
- Social and cultural